



PATIENT PORTAL ACCESS - ADULT PROXY AUTHORIZATION

This form only authorizes the release of information through the Stamford Health Medical Group Patient Portal and Stamford Hospital Patient Portal (The Portals). It does not include the release of records by any other means.

PLEASE PRINT CLEARLY. ALL FIELDS ARE REQUIRED

PATIENT INFORMATION	
Name	
AKA/Maiden Name	Date of Birth
Address	City, State, Zip
E-mail Address	Phone
PROXY INFORMATION	
Proxy Name	Date of Birth
Address	City, State, Zip
E-mail Address	Phone
Relationship to Patient	

PORTAL TERMS AND CONDITIONS

I understand the following:

- The Portals contain selected, limited medical information from a patient's medical record and does not reflect the complete contents of the medical record.
- My access to any information about the patient may be revoked by the patient through a written request sent to the Health Information Management department.
- It is the responsibility of the undersigned to keep their password in a secure manner and to change their password if they believe it may have been compromised.

By signing below, I acknowledge that I am providing documentation of my authorization to access the protected health information of the patient described above. I certify that I am legally authorized to access such information about the patient named above, and that the information I have provided is true and correct.

Proxy's Signature	Time	Date
	am pm	

I acknowledge that I have read and understand this Portal Access Authorization with Adult Proxy form. I agree to its terms and designate the person named above as my Portal proxy, thereby allowing them access to my Portal medical record, which may contain sensitive information relating to the diagnosis or treatment of **mental health issues, drug and/or alcohol abuse, reproductive health, and confidential HIV/AIDS.**

Patient's Signature	Time	Date
	am pm	

OFFICE USE ONLY

Portal

- eCW
 Meditech

 Patient's Medical Record or
 Account Number

 Employee's Printed name

 Date
 Received

